

Name
in
Full

James Brown

CERTIFICATE OF DEATH

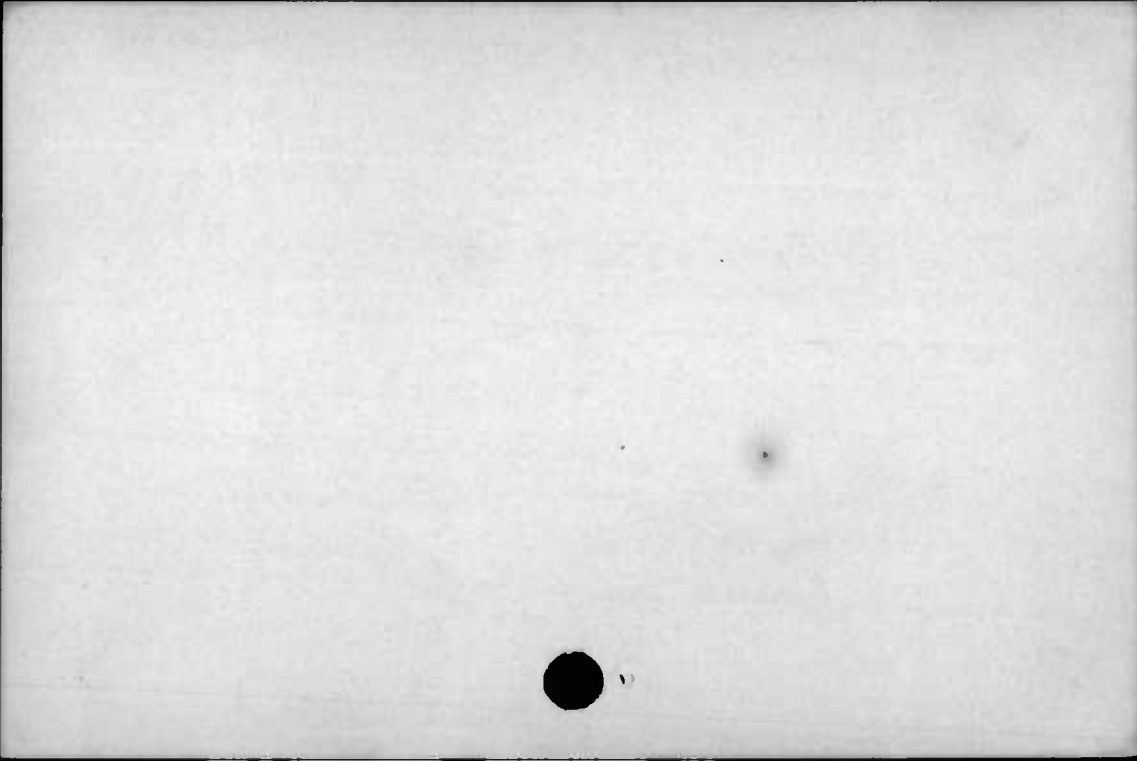
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Olney</i> Town		<i>Mcoulgownery</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov.</i>	Day <i>7</i>	Years <i>75</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Mcoulg. Co. Md.</i>		
Occupation <i>Farmer land</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Savilla Brown</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Samuel Cole</i>			How related to deceased <i>No kin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>About year</i>
Immediate <i>Dropsy and Gangrene</i>	How long <i>About two months.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farquhar.</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	



Catharine Burriss

Town

County

Died at

Huron

Maryland

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	11	7		7	-	md	
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband
of

Father's Name	Mother's Name
Walter Muldoran	Lillian Burriss

Cause of Death	Primary	How long sick
Immediate	Exhaustion	since birth
		Accident, Suicide, Homicide

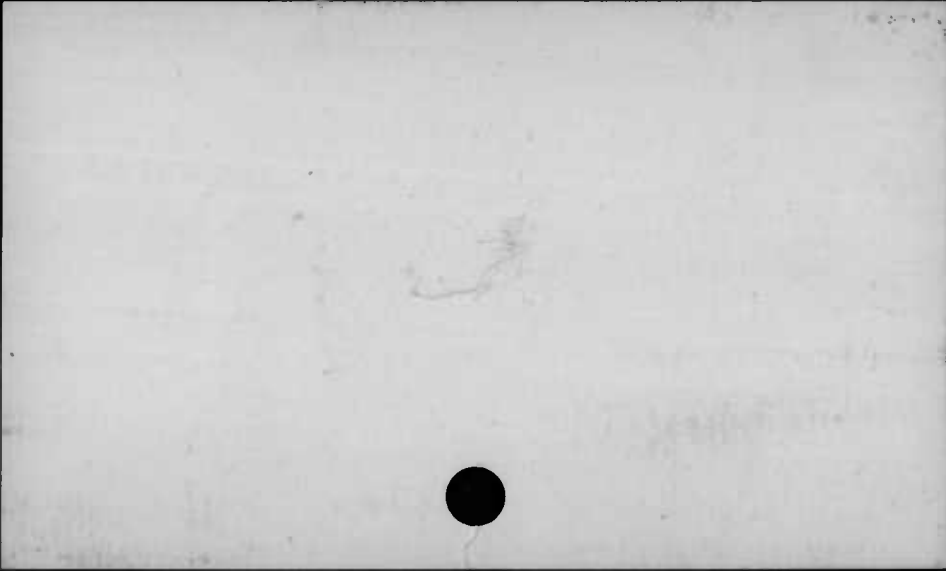
Reported by

Roger Brooke

Address

Sandy Spring md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

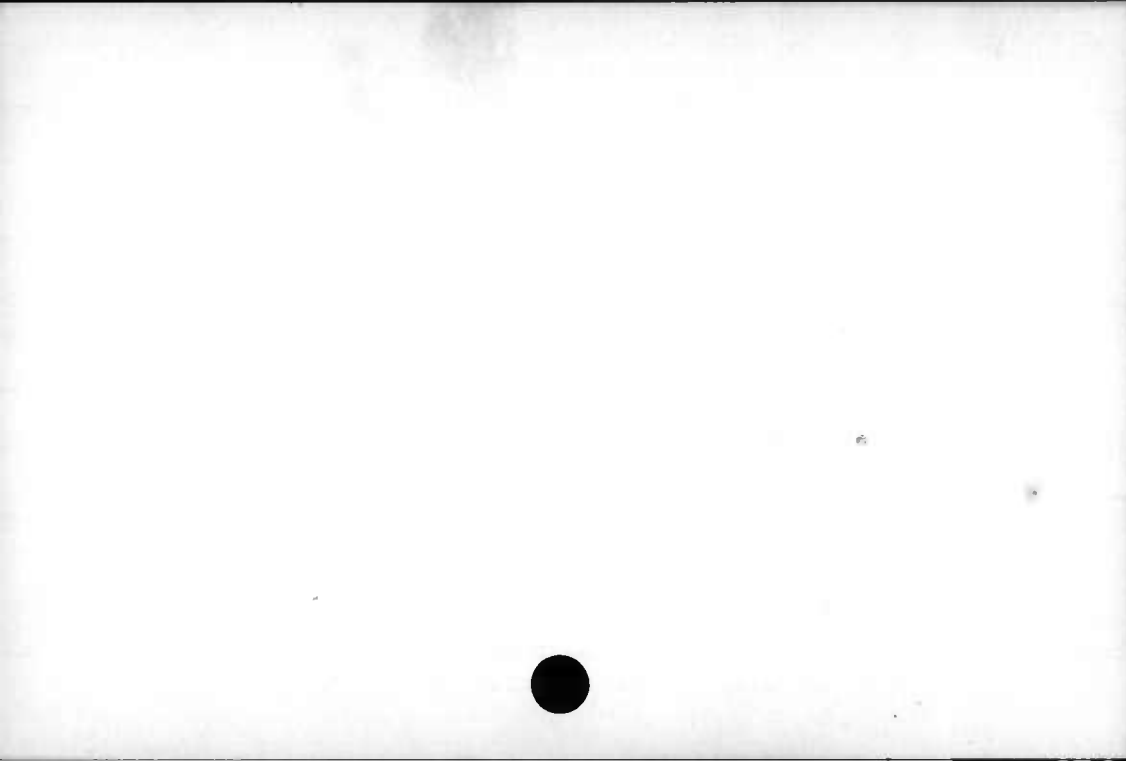
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Drosny Fowle</i>		Town <i>Kensington</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Kensington</i>		Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>8</i>	Days <i>5</i>
Married, Single or Widowed <i>Single</i>		Occupation <i>✓</i>					
Name of Wife or Husband <i>✓</i>							
Father's Name <i>Bernard H Fowle</i>		167		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Milly Drosny</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>B H Fowle</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burns</i>	How long <i>30 hrs</i>
Immediate <i>Convulsions</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Lewis M.D.</i>
	Address <i>Kensington</i>
Accident or Suicide? <i>Accident.</i>	



Name
in
Full

CERTIFICATE OF DEATH

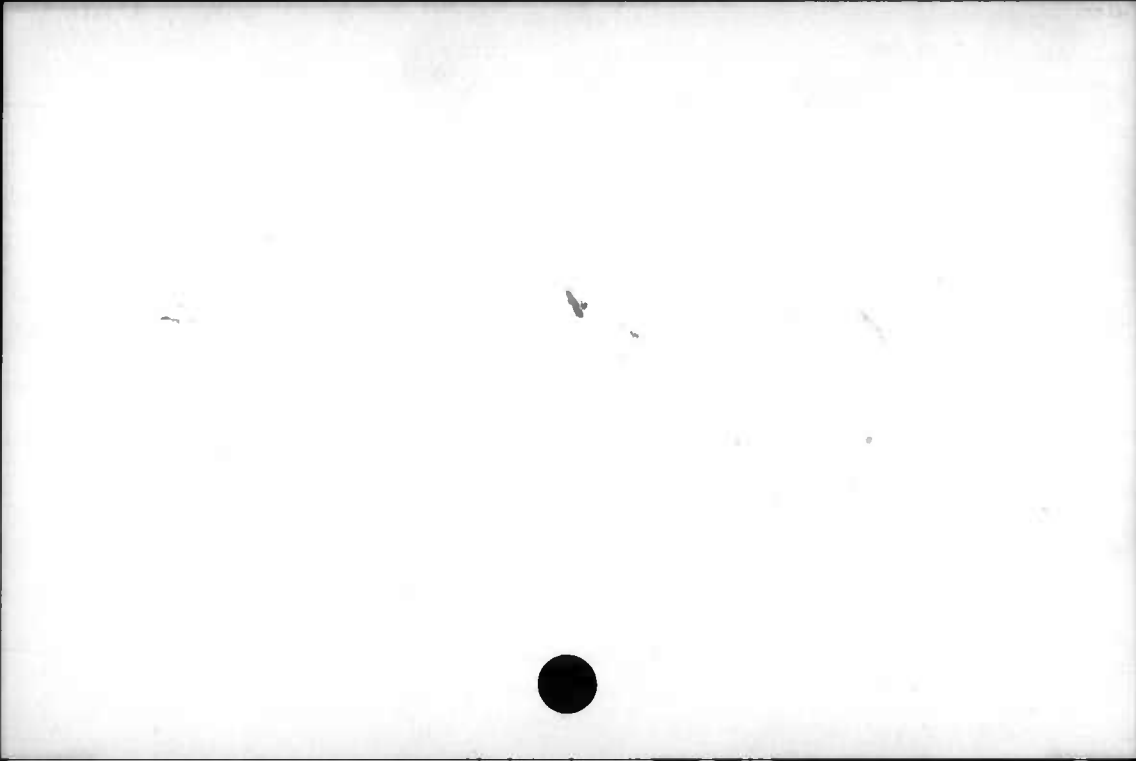
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Johnson Fowler</i>		Town <i>Kensington</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>20</i>		Years <i>2</i>	
Date of death 190 <i>3</i>		Months <i>8</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>D.C.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>✓</i>					
Name of Wife or Husband <i>✓</i>							
Father's Name <i>Bernard H. Fowler</i>		<i>167</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Milly Drury</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>B. H. Fowler</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burns</i>		How long <i>14 hrs.</i>	
Immediate <i>Shock</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Lewis M.D.</i>	
		Address <i>Kensington</i>	
Accident or Suicide? <i>Accident</i>			



Name in Full

Certificate of Death

Ann Elizabeth Gaither

Town

County

Died at

Brooksville

Montgomery

MARYLAND

Date *1903* Month *Nov.* Day *4* Age *14-9-* Y. M. D. Native of *Monty. Co.* Occupation *House girl*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband
of

Father's Name *Wm Louis*

Mother's Name *Celia Gaither*

Cause of Primary

How long sick

Death Immediate

Peritonitis

~~Accident, Suicide, Homicide~~

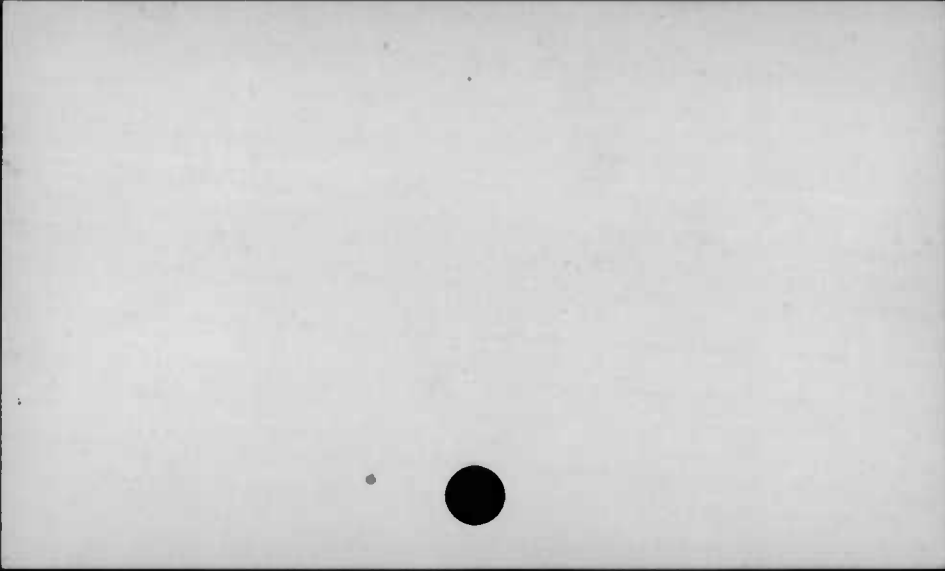
Reported by

Dr. W. F. Green

Address

Brooksville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wallace Graham

Town

County

Died at

Martinsburg

Montgomery

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

3 Nov 16

Age

83

Md

laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Cardine Brodman

Mother's

Maiden Name

Maria Hamilton

Cause of

Primary

How long sick

6 months

Death

Immediate

General Debility

~~Accident, Suicide, Homicide~~

Reported by

Lewis Brooks

Address

Martinsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Catherine Halleceae

Died at ^{Town} Podlesville ^{County} Montgommery MARYLAND

Date 1903 ^{Month} Nov ^{Day} 15 ^{Age} 18 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Cook

☒ Male ☐ White ☒ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
Wife

Father's Name Bean Hallucan Mother's Name Anne Thompson

Cause of Death { Primary Immediate Consumption Throat

How long sick 6 months

Accident, Suicide, Homicide

Reported by Frank Dorsey

Address Podlesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Olney</i>		Town <i>Olney</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1903	Month	<i>Oct.</i>	Day	<i>Nov. 4</i>	Age	<i>9 mos</i>
Sex <i>Female</i>		Color or Race <i>Dark</i>		Birth-place <i>Near Olney</i>		Months	<i>9 mos</i>
Occupation				Where Residing if not at place of death			
Married , Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Hawkins</i>				Father's Birthplace <i>Montg. Co., Md.</i>			
Mother's Maiden Name <i>Sophia Bright</i>				Mother's Birthplace <i>Montg. Co., Md.</i>			
Name of person giving information <i>John Hawkins</i>				How related to deceased <i>Father</i>			

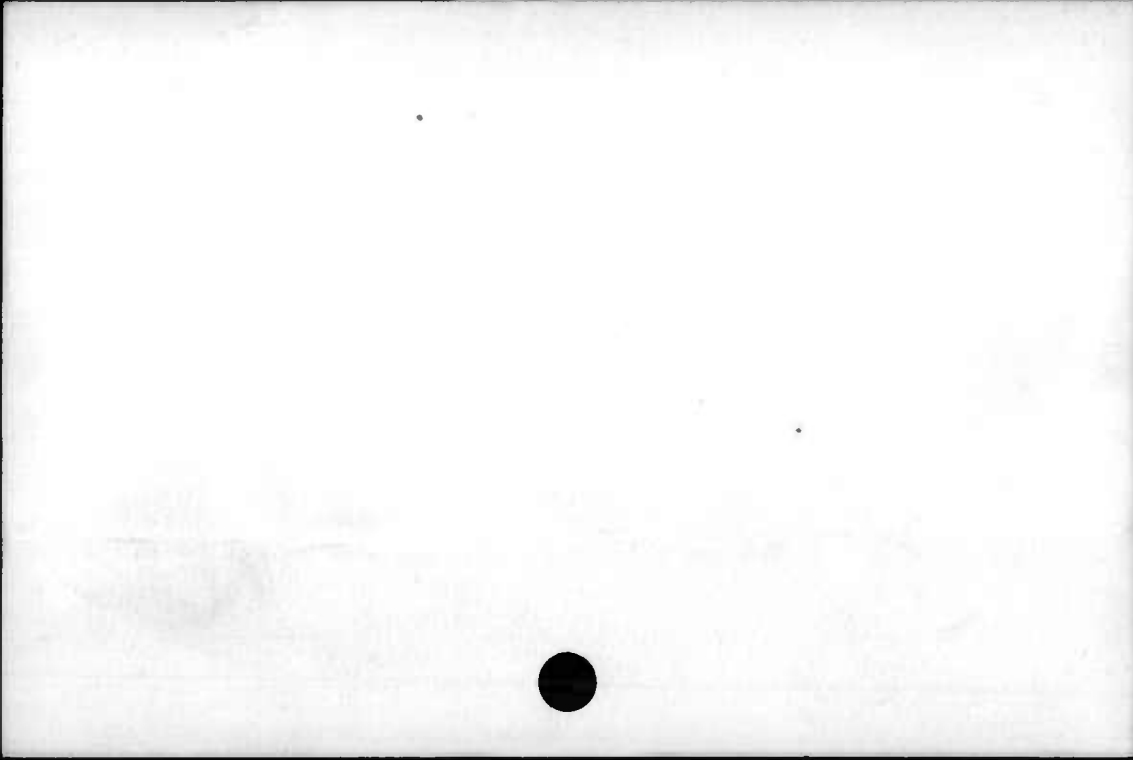
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. Farquhar</i>
		Address <i>Olney, Md.</i>
Accident or Suicide?		



Name in Full		<i>Hiram Leach</i>				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Spencerville</i>	County <i>Montgomery</i>		MARYLAND		
	Date of death 1903	Month <i>Nov.</i>	Day <i>26</i>	Age <i>60</i>	Months	Days		
	Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>N.C.</i>				
	Married, Single or Widowed <i>Married</i>			Occupation				
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased				
<div>CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary				How long			
	Immediate <i>Heart Failure</i>				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. R. Batson</i>			
					Address <i>Spencerville</i> <i>MD</i>			
	Accident or Suicide?							



Name in Full

Certificate of Death

William E. Lochte

Died at

Town

Bethesda

County

Montgomery

MARYLAND

Date 189

1903

Month

Day

Nov. 4

Y.

M.

D.

Age

22, 5' 22"

Native of

Occupation

Maryland Blacksmith

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Wm Lochte

Mother's

Name

Sarah Lochte

Cause of

Primary

Pulmonary Tuberculosis

How long sick

18 Months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

John L. Lewis, M.D.

Address

Bethesda

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Carrie McFerson
 Died at *Clowry* ^{Town} *Monty* ^{County}
 Date of death 190*3* ^{Month} *Nov* ^{Day} *6* ^{Age} *6* ^{Years} *6* ^{Months} *19* ^{Days}
 Sex *Female* Color or Race *Black* Birth-place *MD*
 Married, Single or Widowed _____ Occupation _____
 Name of Wife or Husband _____
 Father's Name *Charles McFerson* Father's Birthplace *MD*
 Mother's Maiden Name *Ellen Wilson* Mother's Birthplace *MD*
 Name of person giving information *Harry Wilson* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping cough*
 Immediate *Strangulation*

How long

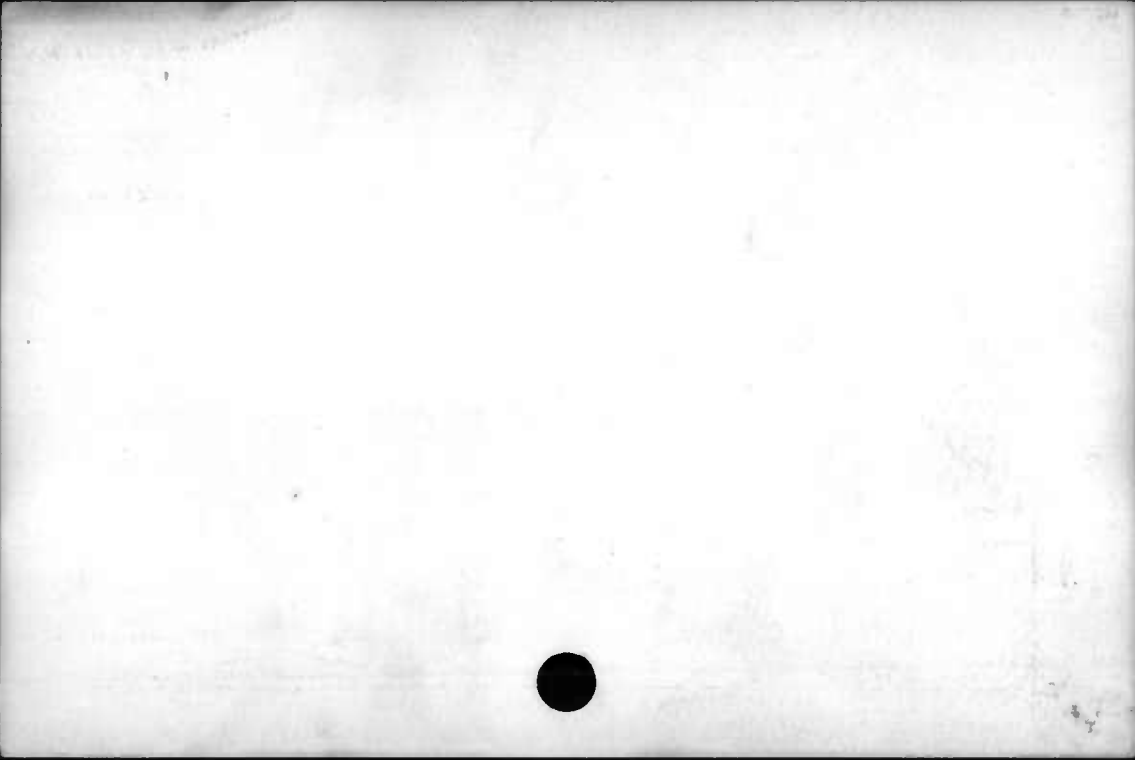
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full		Clifford Maddox				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Norbeck		County Montgomery		MARYLAND		
	Date of death 190		3	Month Nov.	Day 6	Age	Years —	Months 9	Days 3
	Sex		Male		Color or Race		Colored		Birth-place Philadelphia, Pa.
	Married, Single or Widowed				Single				
	Name of Wife or Husband				—				
	Father's Name				Jerry Maddox 90				
	Mother's Maiden Name				Maggie Joppy				
PHYSICIAN OR CORONER	Name of person giving information				Mother (Maggie Maddox)				
	Father's Birthplace				Maryland				
Mother's Birthplace				Maryland					
How related to deceased				Parents					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary				Capillary Bronchitis				How long 25 days
	Immediate				Exhaustion				How long 24 hours
	Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician George E. Lewis, M.D.
	Address				Rockville, Md.				
Accident or Suicide?				—					



Name in Full		Daniel Magnuder				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Polomac		Montg'		MARYLAND	
	Date of death	1903	Month Nov	Day 14	Age 4	Months X	Days X
	Sex	Male		Color or Race	negro	Birth-place	Montg' Co. Md.
	Married, Single or Widowed	Single		Occupation			
	Name of Wife or Husband	X					
	Father's Name	Jas H G. Magnuder				Father's Birthplace	Montg' Co. Md.
	Mother's Maiden Name	Hester Turner				Mother's Birthplace	Wash' Dc.
Name of person giving information	Sally Magnuder				How related to deceased	Grandmother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia (?)				How long	Dont know
	Immediate	(Neglect)				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				Address		
	Accident or Suicide? X				Polomac Md.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John W. Maskell		Town Great Falls		County Montgomery		MARYLAND	
Died at Great Falls		Month Nov		Day 10		Age 65	
Date of death 190 3		Month Nov		Day 10		Years 65	
Sex Male		Color or Race White		Birth-place England.		Months X	
Married, Single or Widowed Single		Occupation Retired Soldier.		Days X			
Name of Wife or Husband X							
Father's Name Mr. Maskell		Father's Birthplace England.					
Mother's Maiden Name Ann Partridge		Mother's Birthplace "					
Name of person giving information J. B. Sissett		How related to deceased None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gunshot wound.		How long X	
Immediate Haemorrhage		How long X	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. H. Hall M.D.	
Address Polomac Md.			
Accident or Suicide? Suicide			



Name
in
Full

Alice Roberta Mathews

CERTIFICATE OF DEATH

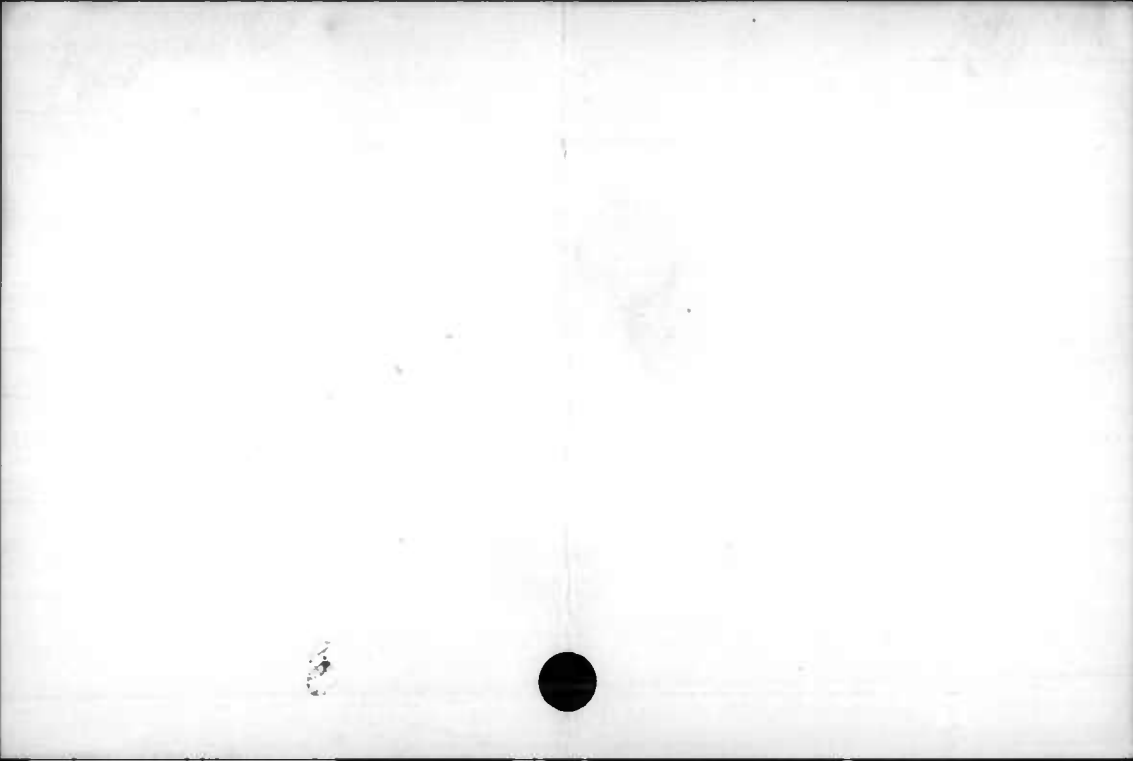
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Burah Mills		Montgomery		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	Nov.	28	28	28	9	28	
Sex	Female		Color or Race	Colored		Birth-place	Md.
Married, Single or Widowed	Single		Occupation	Laborer			
Name of Wife or Husband							
Father's Name	Fletcher Mathews				Father's Birthplace	Md.	
Mother's Maiden Name	Elizabeth Smith				Mother's Birthplace	"	
Name of person giving information	Fletcher Mathews				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 mos
Immediate	Syncope	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. T. Brown
Yes.		Address	Burah Mills Md.
Accident or Suicide?			



Allen Thompson

Town

County

MARYLAND

Died at Martinsburg

Montgomery

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Nov 16

Age

35 10 29

Md

laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute Bronchitis

Death

Immediate

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Dr J S Pool

Address

Poolsville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Horace Waters</i> <small>Town</small> <i>Germantown</i>			<i>Montg</i> <small>County</small> <i>Montg</i>		
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>80</i>	Years <i>5</i>	Months <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Montg Co</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary P J Waters</i>				
Father's Name <i>Horace Waters</i>	Father's Birthplace <i>Montg Co</i>			Mother's Birthplace <i>Va</i>	
Mother's Maiden Name <i>Charity Boyd</i>			How related to deceased <i>Son</i>		
Name of person giving Information <i>P. E. Waters</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>apoplexy</i>	How long <i>died suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. N. Simpkins</i>
	Address <i>Germantown, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Patrick W. Cloh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Kensington</i>		Town <i>Kensington</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>11</i>	Age <i>85</i>	Years <i>85</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birthplace <i>Ireland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed			Name of Wife or Husband <i>Honora Mullin</i>				
Father's Name <input checked="" type="checkbox"/>			Father's Birthplace <input checked="" type="checkbox"/>				
Mother's Maiden Name <input checked="" type="checkbox"/>			Mother's Birthplace <input checked="" type="checkbox"/>				
Name of person giving Information <i>Frank Welsh</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>4 days</i>
Immediate <i>Paralysis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>
	Address <i>Kensington</i>
Accident or Suicide? <input type="checkbox"/>	

